



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

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Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/458,858	<b>FILING DATE</b> 12/10/1999 <b>RULE</b> _	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2775	<b>ATTORNEY DOCKET NO.</b> 64100/111	
<b>APPLICANTS</b> JAMIN PANDANA, OAK PARK, CA UNITED STATES ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** 01/13/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b>  MARION P METELSKI ESQ AMSTER ROTHSTEIN & EBENSTEIN 90 PARK AVENUE NEW YORK, NY 10016					
<b>TITLE</b> INTEGRATED USB INPUT DEVICE					
<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 9370

SERIAL NUMBER 09/458,858	FILING DATE 12/10/1999  RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 64100/111	
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ADDRESS John Garces SCHULTE ROTH & ZABEL 919 Third Avenue New York , NY 10022					
TITLE INTEGRATED USB INPUT DEVICE					
FILING FEE  RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____		



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